FORM D

03038977

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							

hours per response.....16.00

SEC U	SE ONLY
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DATE F	RECEIVED
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Name of Offering ( ) check if this is an amendment and name has changed, and indicate change.)	
GENERAL PETROLEUM INTERNATIONAL	
Filing Under (Check box(es) that apply):	6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	NOV 2 5 2002
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  GENERAL PETROLEUM INTERNATIONAL	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1729 Montana Highway 35 Kalispell, MT 59901	406-751-5200
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
OIL SHALE RECOVERY	PROCESSED
Type of Business Organization  Corporation  Imited partnership, already formed  business trust  limited partnership, to be formed	(please specify): NOV 26 2003
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: DD 96 X Actual Est Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	timated THOMSON FINANCIAL ate:

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA			. :	
2. Enter the information requested for the following:				
• Each promoter of the issuer, if the issuer has been organized within the past five years;				
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition	n of, 10	% or more o	f a clas	ss of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and ma	anaging	partners of	partne	ership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>				
Check Box(es) that Apply: Promoter Beneficial Owner XX Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)  DANCHUK, KENNETH E	···			
Business or Residence Address (Number and Street, City, State, Zip Code)  2833 Silver Palce, Kelowna, BC Canada V1V 11	м9			
Check Box(es) that Apply: Promoter Beneficial Owner XXExecutive Officer	ХX	Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
VANCE, LARRY F				
Business or Residence Address (Number and Street, City, State, Zip Code)				
1729 Montana Highway 35 Kalispell, MT 5990	1			
Check Box(es) that Apply: Promoter Beneficial Owner XX Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
STORY, TAMI J				
Business or Residence Address (Number and Street, City, State, Zip Code)				
1729 Montana Highway 35 Kalispell, MT 5990	1			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)			<del></del>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	. [	Director		General and/or Managing Partner
Full Name (Last name first, if individual)			,	
Business or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)		<u></u>		
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>			
(Use blank sheet, or copy and use additional copies of this s	sheet, a	s necessary	)	

*				В. 1	NFORMAT	ION ABOU	T OFFERI	NG		5	Te. 4.	Barria 📜
1 771			,		7.1	,,,,,					Yes	No
I. Has the	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									X		
Answer also in Appendix, Column 2, if filing under OLOE.  2. What is the minimum investment that will be accepted from any individual?									C 1	000		
2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3. Does the	he offering	permit join	it ownershi	ip of a sing	le unit?							<b>₽</b>
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										e		
Full Name	(Last name	first, if ind	lividual)		,							
Business or	Residence	Address ()	Jumber and	n/	a ity State 7	'in Code)						
Dusiness of	Residence	71001033 (1	vanioei an	a Street, C	ity, State, 2	np code;						
Name of As	sociated B	roker or De	ealer									
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				···		
(Check	"All State	s" or check	individua	States)		•••••		*******	•••••		☐ Al	1 States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
ĪL	IN	ΪΑ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NĴ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	ÜT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	lividual)									
Business o	r Residence	e Address (	Number an	d Street, C	City, State, 2	Zip Code)		· <u>-</u>				
		·										
Name of As	sociated B	roker or De	ea]er									
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individual	States)	***************************************						☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	FL	GA	HI	ID
	IN	IA.	KS	KY	LA	ME	MD	MA	Ml	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	$\nabla T$	VA	WA	WV	WI	WY	PR
Full Name (	Last name	first, if ind	lividual)			<del></del>						
											<del></del>	
Business of	r Residence	e Address ()	Number an	d Street, C	City, State, I	Zip Code)						
Name of As	sociated B	roker or De	aler						······································	<u>-</u>		
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<del></del>				
(Check	"All State	s" or check	individual	States)							_ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
17.1	LOCI	ررد	[118]	11	101	[ V ]	1.0	(NY /3)	AA A	[_VV_]	1 1 1	<u> </u>

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	: 	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 1,000,00	
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	<b>\$</b>	
	Other (Specify)	\$	
	Total	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>_ni0</u>	s <u> </u>
	Non-accredited Investors	0	\$ <u>+.0</u>
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<u>B</u>	s 5,000
	Legal Fees		\$15,000
	Accounting Fees		\$10,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) General & Administrative Travel.	. —	s 5,000
	Total		\$35,000

and	Enter the difference between the aggregate offering price given in response to Part C — Question 1 total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross ceeds to the issuer."		\$ <u>965,000</u>
eac che	licate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for the of the purposes shown. If the amount for any purpose is not known, furnish an estimate and seck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross needs to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Sal	aries and fees	<u> 3</u> \$ 200,00	0 s 146,000
Pu	rchase of real estate	\$	<u>50,000</u>
Pu	rchase, rental or leasing and installation of machinery	¢	ncm e 550.00
	l equipment		
	quisition of other businesses (including the value of securities involved in this		20,000
off	ering that may be used in exchange for the assets or securities of another	¬ ¢	r •
	payment of indebtedness		
	orking capital		
	ner (specify):	_	
Oth	ter (specify).		
_		\$	\$
Co	lumn Totals		
	al Payments Listed (column totals added)		,000,000
15.1 4 1 3 19.2 LW.	D. FEDERAL SIGNATURE		
dayk aftil			<u> </u>
ignatui	ter has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis rmation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
	Print or Type) Signature  Fral Petroleum International	Date Novembe	r 19, 2003
ame o	f Signer (Print or Type) / Title of Signer (Print or Type)		
Larr	y F Vance Chairman/CEO		

# ---- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	N. A.C.	1 A A							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?									
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ion furr	ished by the							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entlimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clair of this exemption has the burden of establishing that these conditions have been satisfied.									
	per has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lfby the	undersigned							
Issuer (	Print or Type) Signature Date									
	ral Petroleum /////////////// November	19,	2003							
Name (	Print or Type)  Atternational  Aitle (Print or Type)									
Larr	y F Vance									

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
	Intend to non-a investor	2 If to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ	7									
AR										
CA	7									
СО	7									
СТ										
DE										
DC										
FL	7									
GA										
НІ							<u> </u>			
ID	7						·			
IL	7									
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										

## APPENDIX 2 3 1 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors Investors** State Amount Amount Yes No MO MT NE NVNH NJ NM NY Ĵ NC ND OH OK OR PA RI SCSD ~ TN TX V UT VT VAWA WVWI

		ariye İrico		APP	ENDIX						
1		2	3  Type of security			5 Disqualification under State ULOE					
	to non-a	d to sell accredited rs in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											